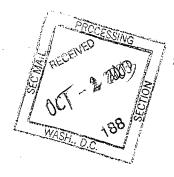
FORM D



UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

PROCESSED

NOTICE OF SALE OF SECURITIES OCT 3 1 200 PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION FINANCIAL

OMB Number: 3235-0076

SEC USE ONLY

Prefix Serial

DATE RECEIVED

Name of Offering (check if this is an amendment and name NEXX Systems, Inc. 2003 Offering of shares of common sto		,
Filing Under (Check box(es) that apply): Rule 504 Type of Filing: New Filing Amendment	Rule 505	ULOE
	A. BASIC DENTIFICATION DATA	
1. Enter the information requested about the issuer	· ·	in iki nit mkinit minit
Name of Issuer (check if this is an amendment and name han NEXX Systems, Inc.	as changed, and indicate change.)	·
Address of Executive Offices 90 Industrial Way, Wilmington, MA 01877	(Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code) (978) 284-4980
Address of Principal Business Operations (if different from Executive Offices)	(Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
Brief Description of Business Manufacturing and sale of process systems for advanced pa	ackaging of integrated circuits	
Type of Business Organization		
= : = =	ed partnership, already formed ed partnership, to be formed	other (please specify):
	Month Year 0 7 0 1 r two-letter U.S. Postal Service abbreviation for State:	☐ Actual ☐ Estimated
CN fe	or Canada; FN for other foreign jurisdiction)	DE

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

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Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

		A. BASICIDEN	TIFICATION DATA		
2. Enter the information requ	uested for the following:				
Each beneficial owneEach executive office	er having the power to v	ate issuers and of corporate g	st five years; ote or disposition of, 10% or more eneral and managing partners of p		rities of the issuer;
Check Box(es) that Apply:	⊠ Promoter	☐ Beneficial Owner		Director	General and/or Managing Partner
Full Name (Last name first, if it Post, Richard S.	ndividual)				
Business or Residence Address 90 Industrial Way, Wilmington		y, State, Zip Code)			I
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if ir Freeman, John R.	ndividual)	,			_
Business or Residence Address 90 Industrial Way, Wilmington	(Number and Street, Citen, MA 01877	y, State, Zip Code)			
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	Executive Officer	☑ Director	☐ General and/or Managing Partner
Full Name (Last name first, if in Rhine, Bruce C.	ndividual)				
Business or Residence Address 90 Industrial Way, Wilmington		y, State, Zip Code)			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if in	ndividual)				
Business or Residence Address	(Number and Street, Cit	ty, State, Zip Code)			
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if in	ndividual)				
Business or Residence Address	(Number and Street, Ci	ry, State, Zip Code)			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if in	ndividual)				
Business or Residence Address	(Number and Street, Cit	ry, State, Zip Code)			
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if in	ndividual)				
Business or Residence Address	(Number and Street, Ci	ty, State, Zip Code)			

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

					P	. INFORM		ut offeri					
1.											Yes No		
Answer also in Appendix, Column 2, if filing under ULOE.													
2.												Van Ma	
3.	Does the offering permit joint ownership of a single unit?												
4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.													
Full N/A		st name first,	if individua	1)									
Busi	iness or Re	sidence Add	ress (Numbe	r and Street, (City, State, Z	ip Code)							
Nan	ne of Asso	ciated Broker	or Dealer	,	· · · · · · · · · · · · · · · · · · ·				~				
State	es in Whic	h Person List	ted Has Solid	ited or Intend	ls to Solicit P	urchasers	,				· · · · · · · · · · · · · · · · · · ·		
	(Check " [AL] [IL] [MT] [RI]	All States" o [AK] [IN] [NE] [SC]	r check indiv [AZ] [IA] [NV] [SD]	vidual States) [AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	· [FL] [MI] · [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	
Full	Name (La	st name first,	, if individua	l) .				········	· .				
Bus	iness or Re	esidence Add	ress (Numbe	r and Street, (City, State, Z	ip Code)							
Nan	ne of Asso	ciated Broke	r or Dealer	- <u></u>									
State	es in Whic	h Person Lis	ted Has Solid	ited or Intend	ls to Solicit F	urchasers			·				
	(Check '[AL] [IL] [MT] [RI]	'All States" o [AK] [IN] [NE] [SC]	r check indiv [AZ] [IA] [NV] [SD]	vidual States) [AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	(FL) [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	All States [ID] [MO] [PA] [PR]
Full	Name (La	st name first	, if individua	1)									***
Bus	iness or Re	esidence Add	ress (Numbe	er and Street, (City, State, Z	ip Code)	· · · · · · · · · · · · · · · · · · ·					-	
Name of Associated Broker or Dealer													
Stat	es in Whic	h Person Lis	ted Has Solid	cited or Intend	ls to Solicit F	urchasers		 					
	(Check '[AL] [IL] [MT] [RI]	'All States" o [AK] [IN] [NE] [SC]	r check indiv [AZ] [IA] [NV] [SD]	vidual States) [AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PR	OCEEDS	
41	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box \(\sigma\) and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		
	Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt	\$	\$
	Equity	\$	<u>\$</u>
	☐ Common ☐ Preferred		•
	Convertible Securities (including warrants)	\$	\$
	Partnership Interests	\$	\$_'
	Other (Units consisting of 4 shares of common stock and a warrant to purchase one share of common stock)	\$ 206,595.12	\$ 206,595.12
	Total	\$ 206,595.12	
	Answer also in Appendix, Column 3, if filing under ULOE.	3_200,575.12_	200,333.112
_			•
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."	·	٠,
		Number Investors	Aggregate Dollar Amount of Purchases
	Accredited Investors	1	\$206,595.12
	Non-accredited Investors		\$
	Total (for filings under Rule 504 only)		\$
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information for all securi-ties sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.	,	
	Type of Offering	Type of Security	Dollar Amount Sold
	Rule 505	30001117	¢
	Regulation A		\$
	Rule 504		.
	·		\$
	Total		\$
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees.	. 🗆	\$
	Printing and Engraving Costs		\$
	Legal Fees		\$
	Accounting Fees		\$
	Engineering Fees.		S
	Sales Commissions (specify finders' fees separately)		•
			φ
	Other Expenses (identify)	<u>. </u>	<u>\$</u>
	Total		\$ 0.00
	b. Enter the difference between the aggregate offering price given in response to Part C - Question 1 and total expenses furnished in response to Part C - Question 4.a. This difference is the "adjusted gross proceeds to the issuer."	•	

→ pu est	ticate below the amount of the adjurposes shown. If the amount for any imate. The total of the payments liste - Question 4.b above.	purpose is n	ot known, fu	mish an estim	ate and chec	k the box	to the left of th	ne	, ,		
									Payments to Officers, Directors, & Affiliates		Payments To Others
	Salaries and fees					***********		\$		П	\$
	Purchase of real estate							-			,\$
	Purchase, rental or leasing and insta										·\$
	Construction or leasing of plant buil	dings and fac	ílities		, 					_	\$
•	Acquisition of other businesses (inc in exchange for the assets or securit	luding the val	ue of securiti	es involved in int to a merger	this offering	that may	be used	\$			\$
	Repayment of indebtedness		***************************************					\$ <u></u>	<u> </u>	_ □	\$
	Working capital		***************************************			••••••		\$_		🛛	\$ 206,595.12
	Other (specify):							\$			\$
	Column Totals				:	,		* \$_ \$_	S 206.5	_ 🛮	\$\$ \$206,595.12
The iss	suer has duly caused this notice to be aking by the issuer to furnish to the t ited investor pursuant to paragraph (b)	signed by th J.S. Securitie	e undersigned and Exchar	duly authoriz	zed person.	If this no		er Rule S		ing signat	ure constitutes an
	(Print or Type) Systems, Inc.		Signature	hard	5 POT	-	Date	1	30/03		
	of Signer (Print or Type) rd S. Post		Title of Sigr President	ner (Print or Ty	/pe)						
										~	
											•
		 		ATTEN	TION		·				
	- Intentional mis	statements o	r omissions (•		criminal	violations. (Se	e 18 U.S	.C. 1001.)		
									,		